FORM B	Yees ATIVE DESCRIBER CENTER
Name: Cynthia Cynth AxhDaytime Telephone MAY 18	MAY 16 PM 1:41
New Member of or Candidate for State: 19Ap U.S. HOUSE OF Representatives District: 3 Check if Amendment Candidates - Date of Election: 1012 5, 2018	U.S. HÖUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? We E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Established by the contraction of the current calendar year up through the date of filing?	rting te of filing? Yes V No
C. Did you or your spouse have "earned" income (e.g., salaries. honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? year up through the date of filing?	ent with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a liability (more than \$10,000) at any point during the reporting period?	om a Yes V No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	LETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	STIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	xcluded Yes No N
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	lests for Yes No V

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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-	Aprico Evale Minister	Raymond Innes But	JT Ioma State Bank	ABC Hears Fired	JT Simps & Schueler	SP, EFF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly field with anyone (JT), in the optional column on the fire left left.	If you report a privalely-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including serood trames and vacation homes (unless there was rehat income during the reporting penod); and any financial interest in or moone derived from, a federal retirement program, including the Thritt Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business. the nature of its activities, and its geographic location in Block A.	For rental and other real property hald for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all inherest-boaring accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account their access the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only finter symbols)	identify (a) each asset held for investment or production of income and with a lair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reporting asset or source of income which generated more than \$200 in "uncerned moome during the year."	Assets and/or Income Sources	BLOCK A
		7,700,000	~	X		The state of the s	\$5,000,001 \$25,000,00 Over \$50,0	0.000 00.000 250,000 500.000 1,000.000 -\$25,000.000 1-\$50,000.00					50 CC		*Column M is for assets held by your spouse or dependent child in which you have no interest.	indicate value of asset at dose of the reporting period. If you use a valuation method other than fair method value, please specify the method used. Specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	всоск в
A. W.		X	**	Partiership	Royalines	The state of the s	TAX-DEFE	GAINS D'BLIND TRL		Partnership (noon)	e or Farm trecon	ej			the asset generated no interporting period	Check all columns that apply. For accounts that generals bax-deferred moone (such as 401(k), IPA, or 20 accounts), you may check the "Ta-Chelered" column. Ondered inflanate, and capital gains, even if or asserb held in baxable accounts. Check the saserb held in baxable accounts.	Type of Income	BLOCK C
	X			×	X	×	Over \$5,00	500 600 50,000 50,000 100,000 1,95,000,000 0,000 C Income over	\$1,000,000				W W W X X	Current Year Preceding Year		For assets for which you checked "fax-Deferred" in Block C, you may check the "None" cotumn. For all other essets indicate the category of income by checking the appropriate box befow. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is, for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D
							\$1,000,001- \$1,000,00 Over \$5,00	\$1,00 0,000 1- \$ 5 000.000	r \$1,002,00)*			28 X X X X	ear		count. For all other bends, interest, and n taxable accounts. interest.		

Name: CYMPhia Cyme Am Page 3 of

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SCHEDULE C - EARNED INCOME

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Page 7 of //

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		À	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Hororadium	\$0	\$500
Examples: State of Maryland Control State of	Seary Spech	\$20,000	\$1,000 .
Ontario County Board of Education	Spouse Salary	N/A	NA
Medical	Sporse Salary	10,766.00	30,844,00
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SCHEDULE D - LIABILITIES

Name: Cypffiel your free Page 8 of 11

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. exceeded \$10,000. liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period (unless you rent if out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and *Column K is for liabilities held salely by your spouse or dependent child.

3 74	DC. JT.		
Example			
First Bank of Wilmington, DE	Creditor		
5/98	Date Liability incurred MO/YR		
Montgage on Rental Property, Dover, DE	Type of Liability		
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	\$15,001- \$50,000	95	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

Axre Consoltin Group	Owner
Creation Prosents LLC	Ownell Parties
Secretary (uncompensated) I and Voters for Companion arings	Secretary (unconvensated)
Name of Organization	Position
period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.	period and the current calendar year. First-year candidate

SCHEDULE F - AGREEMENTS

Name: () A Light of the Page of absence during the period of government service; that you have with respect to: future employment; a leave of absence during the period of government service;
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government services continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
PPH Academy, Wlashesha NJT	diaited design services
Inspection Catification Associates Licago	J
AHIT Brookfold WT	
RIN Capital Faminton Hills, MA	
Farney & Farmington Hills MIT	
Living Essentials Farmington Hilk, MIT	MI
Quality Education Group, Lombard 16	(1)L

		intermetion	#1 Continued Schedule	NOTE NUMBER
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Namo: WAHNa Cyrre thre Page 11 of 11